

## **GAS REIMBURSEMENT PROCEDURES**

### **Member Requirements:**

1. Member must be eligible for Non-Emergency Transportation (NET) on the date of service and have a confirmed trip scheduled through Southeastrans.

### **Driver Requirements:**

1. Driver must submit completed Reimbursement Forms for each trip requested.
2. If the Driver's Social Security Number (SSN) is not already listed on the form, the Driver must enter their **Social Security Number** on the form as this is **required** for payment. Any driver receiving payments over \$600 annually will be sent a 1099 for IRS purposes.
3. Driver must submit valid mailing address and phone number for payment to be sent.
4. If preferred, driver can be reimbursed by direct deposit. Direct Deposit form must be completed and sent in with the reimbursement form (see attached). Payment will be faster if this method is used.

### **Scheduling:**

Trips must be scheduled **PRIOR** to the appointment (Standing Order requests are already scheduled, **unless** the regular appointment dates changes). Customer Service Representatives are available Monday – Friday by calling 1-866-430-1101 from 8am to 6pm.

*Gas Reimbursement will not be authorized unless prior authorization and confirmation with Customer Service is complete.*

### **Gas Reimbursement Request Forms:**

1. Must be signed **at the time of EACH** Service - Duplicated signatures will not be accepted.
2. The Member (or Guardian) and the driver must sign the Gas Reimbursement Request Form. **The Healthcare provider section must be completed by printing and signing their name and contact phone number.**
3. Should be returned for reimbursement within 30 days of the medical service date to: Southeastrans, Inc. **by mail** to 4751 Best Road, Suite 300, Atlanta, GA 30337 or **by fax from the Health Care Provider's office to 678-510-1352** (Incomplete forms will be returned to sender). A fax will only be accepted if it is from a healthcare provider's office.

### **Reimbursement Information:**

1. **PAYMENT WILL BE DENIED** for all Gas Reimbursement Request Forms that are received **more than 30 days** past the date of the medical service.
2. Gas Reimbursement Request Rate is \$0.40/mile based on the trip miles from **member's home to appointment and from appointment to member's home**, as indicated in our routing system. Reimbursement is not provided for transport to/from the driver's home.
3. Gas Reimbursement payments are released on Fridays according to the reimbursement schedule (see back of this form). *(If the payment release date falls on a holiday, payment will be released on the next business day)*, provided that all the documentation is received on time.